

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>11488</u>	2. Fiscal Year Covered From: <u>1</u> / <u>1</u> / 2004 Through: <u>12</u> / <u>31</u> / 2004
3. Name and address of person filing. Name: <u>TODD F. TAYLOR</u> P.O. Box, Bldg., Room No., if any: Street: <u>5205 SO 2ND AVE</u> City: <u>EVERETT</u> State: <u>WA</u> ZIP Code + 4: <u>98203-4114</u>	4. Name, file number, and address of labor organization. Name: <u>UNITED ASSOCIATION OF PLUMBERS & PIPEFITTERS LOCAL 26</u> Labor Organization File Number: <u>542-367</u> P.O. Box, Building and Room Number, if any: Street: <u>5205 SO 2ND AVE</u> City: <u>EVERETT</u> State: <u>WA</u> ZIP Code + 4: <u>98203-4114</u>
5. Position in labor organization. <u>BUSINESS AGENT/HEALTH & WELFARE TRUSTEE</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name: Trade Name, if any: P.O. Box, Bldg., Room No., if any: Street: City: State: ZIP Code + 4:	7.a. Nature of Interest, Transaction, or Income. <u>TO THE BEST OF MY KNOWLEDGE, I HAVE NOT RECEIVED ANYTHING, (GIFTS, MONEY, ETC.) FROM ANY EMPLOYER.</u> 7.b. Amount. <u>Ø</u>

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

Todd F. Taylor

On

8/12/2005

Date

(360) 486-9300

Telephone Number

Name of Person Filing TODD F. TAYLOR

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name NORTHWEST PLUMBING & PIPEFITTING INDUSTRY
HEALTH, WELFARE AND VACATION TRUST

Trade Name, if any:

P.O. Box, Bldg., Room No., if any PO BOX 34203

Street 2815 SECOND AVE, SUITE 300

City SEATTLE

State WA ZIP Code + 4 98124

9. Business deals with:

a. Labor Organization

☒ b. Trust

c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name NORTHWEST PLUMBING & PIPEFITTING INDUSTRY
HEALTH, WELFARE AND VACATION TRUST

Trade Name, if any:

P.O. Box, Bldg., Room No., if any PO BOX 34203

Street 2815 SECOND AVE, SUITE 300

City SEATTLE

State WA ZIP Code + 4 98124

11.a. Nature of such dealing.

ATTENDANCE AT I.F.E.B.P. ANNUAL CONFERENCE,
2004, NEW ORLEANS, LAATTENDANCE AT TRUST MEETING, POST FALLS, ID
2004

11.b. Approximate dollar value of such dealing.

\$4,994.61

12.a. Nature of interest held or income received.

REIMBURSEMENT FOR TRAVEL, MEALS, LODGING
AND WAGES

12.b. Amount.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant
(including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer or Consultant ?

14.b. Amount of payment.